

TEST RESULTS RECORD

Test Reference Number 80502-F40 Name of Collector _____

COMPANY INFORMATION

Company Name CORPORATE MANAGEMENT GROUP Phone 651.646.8663 Fax 612.395.5574
 Address 404 BROADWAY AVE City ST. PAUL PARK State/Province MN. Zip/Postal Code 55071

DONOR INFORMATION

Employee I.D. _____
 Last Name JONES First Name Michael
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolism and alcohol.

Michael Jones _____ 2-25-15 _____
 Donor signature Date / Time

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Renee Burns _____ 2-25-15 - 7:20 _____
 Collector signature Date / Time

 Laboratory signature Date / Time received

TEST RESULTS

Date/Time Collected 2-25-15 7:30
 Time Interpreted 7:30 A.

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Drug Name	Symbol	Negative	Positive	Not Tested
Nicotine	CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	BP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	AMF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____



**Drug & Alcohol Testing Consent Form for Applicants
Who Have Received a Conditional Offer of Employment - MRO**

Acknowledgment Receipt

I acknowledge that I have received a job offer from **CORPORATE MANAGEMENT GROUP (CMG)** conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand **CORPORATE MANAGEMENT GROUP's** Policy and Procedure for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed on an at-will basis and that this Policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's Policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Dated: 2-25-15

Employee Signature

Michael Jones

Employee Name (Printed)

Witnessed by:

Dated: 2-25-15

Witness Signature

Renee Burns

Witness Name (Printed)